## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	ation	2															
Name and Mailing Addres			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·									4				
WorldNet Telecommunications, Inc. Centro Internacional de Mercadeo 90 Carr 165, Suite 201 Guaynabo, PR 00968												Check here if this is a change of address.					
2. Year Report Filed 2017	Period C	g Period (End overed by Re 1/2017	ing Date of Pa port)	ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a.  Fewer than 16 (complete Sections I, IV, and V only) b.  16 or more (complete all sections)											
SECTION II - Full-Time Emp	lavaa		03/3	1/201/		Marina prominenta de la companya de		b. 🗸 16	or more (com	plete all sec	tions)			and the second second second	stanius and White Street and America		
SECTION II - Fun-Time Emp	loyee		Number of Employees (Report employees in only one category)														
Job Categories			Race/Ethnicity														
			anic or		Not-Hispanic or Latino											Total	
		La	itino			Ma	ale				Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	E	F	G	Н	ı	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1	7	2	2	0	0	0	0	0	0	0	0	0	0	0	11	
First/Mid-Level Officials and Managers	1.2	13	4	0	0	0	0	0	0	0	0	0	0	0	0	17	
Professionals	2	32	10	0	0	0	0	0	0	0	0	0	0	0	0	42	
Technicians	3	26	2	0	0	0	0	0	0	0	0	0	0	0	0	28	
Sales Workers	4	4	5	0	0	0	0	0	0	0	0	0	0	0	0	9	
Administrative Support Workers	5	9	24	0	0	0	0	0	0	0	0	0	0	0	0	33	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	10	91	47	2	0	0	0	0	0	0	0	0	0	0	0	140	
PREVIOUS YEAR TOTAL	11	92	52	2	0	0	0	0	0	0	0	0	0	0	0	146	

0

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SECTION III - Part-Time Emp	loyees.															
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	н	ispanic or Latino		Not-Hispanic or Latino												
	1	Latino	Male						Female						Total Columns	
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
	А	В	С	D	E	F	G	н		J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4	В										n			0	
Administrative Support Workers	5	1				7/N 1/N 3/N									1	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
PREVIOUS YEAR TOTAL	11	1										Marie Control of Contr			1	
SECTION IV - Report of Discri	mination Con	nplaints Pursua	nt to 47 CF	R 22.321, 23.5	5, 90.168, 101	.4, and 101.	311.		<u> </u>	<u> </u>			L			
This is to advise the company before an This is to advise the (Attach a list indical	y body having e Commission	competent juris that the followin	diction in suc a complaints	h matters duri alleging violat	ng the calendations of the pro	ar year cover ovisions of an	ed by this report	ort. ovment opport	unity statute	have been file	ed against this	company			90.00	
SECTION V - Certification							rieard, file hu	mber of other	designation,	and current s	tatus or dispo	sition.				
I certify that to the best of my known		mation, and beli d Name of Person		ents in this rep				1	$\overline{A}$	7						
		. Rivera I														
Title of Person Signing HR Generalist		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).														